CITY OF READING Super Saturday 10& Under Tennis Registration

Name of Participant:			
Address:			
	Street	City	Zip
Email:			
Age:		Gender:malefemale	Phone:
School Name	e:	<u> </u>	
Emergency Contact Name: Emergency Phone#:			
Mark an (X	X) by the progra	m you are selecting.	
	Date: Ages: Where: Time:	June 25, 2011-August 6, 2011 5-8 yrs old (red) Hampden Park 10:00am-10:45am	(Sat)
	Cost:	\$10	
	Date: Ages: Where: Time: Cost:	June 25, 2011-August 6, 2011 9-10 yrs old (orange) Hampden Park 11:00am-12:00noon \$10	(Sat)
Mail to:	Recreation Office Checks payable to "City of Reading" Attn: Tennis Program 320 South 3 rd Street Reading PA 19602		
successors, an indemnity, say	d assigns agree to re- ve and hold harmless	lease, waive, and forever discharge the City of Reading, Division of R	ereby for myself, my minor child, all heirs, from all liabilities and further agree to ecreation, Council members, agents and curred due to participation in this activity.
photographic is edited and use multimedia an agree that I ha the City of Re relation to, or	image for any electro d in whole or in part d/or exhibition purpove no rights to any b ading and any of its arising out of the use	onic or non-electronic form or medi- for any and all media, including, wo loses, in any manner, in perpetuity a enefits derived from any such imagatherized agents any and all claim	y of its authorized agents to use my a. I agree that my image may be reproduced, rithout limitation, print, audio-visual, nd throughout the world. I understand and e. I expressly release and forever discharge s and demands of any kind whatsoever in e read this release before signing below, and I l waiver.
	OF PARTICIPANT is under 18, Parent of	:or Guardian signature required)	

DATE:____